

Commonwealth of Massachusetts



Influenza Pandemic Preparedness Plan

Revised October 2006

Preface

Every 20-40 years or so, a brand new strain of the flu virus appears that is very different from the usual seasonal flu. Because most humans do not have immunity to this new strain of flu virus, and it takes 5-6 months to develop a vaccine to prevent the illness, this new flu spreads quickly throughout the world causing a flu pandemic. While many people get the new type of flu, most fully recover after a bout of illness lasting 10-20 days. The most recent flu pandemics occurred in 1889-90, 1918, 1957 and 1968. Another pandemic may occur at any time.

The Commonwealth of Massachusetts has been planning for public health and safety emergencies, such as a flu pandemic, for decades. However, as attention has grown worldwide regarding the spread of the H5N1 virus among birds ("bird flu" or "avian flu"), concern has been growing that this virus may mutate into a form that will spread easily from person to person. This threat of a flu pandemic has motivated us to redouble our efforts to ensure coordination between and among federal, state, and local government agencies as well as in the business sector, healthcare, public safety, education, and human services.

An influenza pandemic will place extraordinary and sustained demands on public health and medical care systems as well as on providers of other essential services across the Commonwealth. Up to 40% of the US population may be absent from school and/or work for extended periods of time as a result of illness or care-giving responsibilities in the home.

To help Massachusetts prepare for the next flu pandemic, the Massachusetts Department of Public Health (MDPH), in cooperation with various state-wide, regional, and local agencies and key representatives from the private sector has developed this Influenza Pandemic Preparedness Plan. This plan was first developed in 1999, and, over the past seven years, MDPH has been working with local public health officials, hospitals, public safety and emergency management officials and other community agencies/partners to enhance the plan. The Pandemic Plan is a living document that will continue to evolve as our preparations for a flu pandemic progress.

With state and federal funding, and active partnerships between and among state and local public health officials, public safety, hospitals and the health professions, emergency preparedness on the state, regional, and local level is being greatly enhanced, and the health, education, human services and business communities are increasingly engaged in continuity of operations planning statewide. This document outlines the major components of the Massachusetts Pandemic Preparedness Plan, and will be continually updated as we progress toward full preparedness.

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An influenza pandemic will pose two distinct and serious threats to the residents of Massachusetts:

- Devastating health effects and***
- Disruption of critical community services due to incapacitation of the “human infrastructure.”***

Both require contingency planning.

PHASES OF A PANDEMIC

The World Health Organization (WHO) has defined phases of a pandemic to assist with planning and response activities. For purposes of consistency, comparability and coordination of the national, state and local response, identification and declaration of the following phases will be done at the national level.

Pandemic Phase	Definition
<i>Interpandemic Period</i>	
Phase 1	No new influenza subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals.
Phase 2	No new influenza virus subtypes have been detected in humans. However, as circulating animal influenza virus subtype poses a substantial risk of human disease.
<i>Pandemic Alert Period</i>	
Phase 3	Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to close contacts.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)
<i>Pandemic Period</i>	
Phase 6	Pandemic phase: Increased and sustained transmission in the general population.
<i>Post-pandemic period</i>	Return to the interpandemic period (Phase 1).

